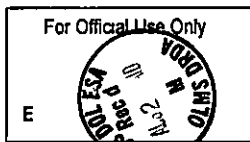


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215 0188
Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 13286	2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name GREGORY WASHINGTON P O Box Bldg Room No if any Street 207 SOUTH 7TH STREET City WILMINGTON State North Carolina ZIP Code + 4 28401	4 Name file number and address of labor organization Name INTERNATIONAL LONGSHOREMENS ASSOCIATION 1426 Labor Organization File Number 010-455 P O Box Building and Room Number if any Street 1305 SOUTH 5TH STREET City WILMINGTON State North Carolina ZIP Code + 4 28401
5 Position in labor organization EXECUTIVE BOARD	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

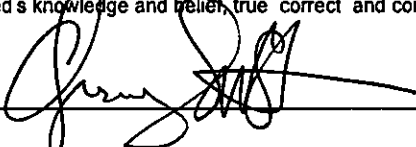
A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent

6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest Transaction or Income 7 b Amount
--	--

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed



On

8-16-05

Date

910-343-8017

Telephone Number

Name of Person Filing GREGORY WASHINGTON	File Number U
---	----------------------

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name EMPLOYERS-ILA WELFARE PLAN FOR NC PORTS AREA</p> <p>Trade Name if any </p> <p>P O Box Bldg Room No if any P O BOX 1116</p> <p>Street 612 SOUTH 17TH STREET</p> <p>City WILMINGTON</p> <p>State North Carolina ZIP Code + 4 28401</p>	<p>9 Business deals with</p> <p><input type="checkbox"/> a Labor Organization</p> <p><input checked="" type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name EMPLOYERS-ILA WELFARE PLAN FOR NC PORTS AREA</p> <p>Trade Name if any </p> <p>P O Box Bldg Room No if any P O BOX 1116</p> <p>Street 612 SOUTH 17TH STREET</p> <p>City WILMINGTON</p> <p>State North Carolina ZIP Code + 4 28401</p>	<p>11 a Nature of such dealing</p> <p>ALTERNATE TRUSTEE WITH FIDUCIARY RESPONSIBILITY FOR THE WELFARE PLAN</p> <p>11 b Approximate dollar value of such dealing </p> <p>12 a Nature of interest held or income received</p> <p>REIMBURSED EXPENSES FOR TRAVEL, MEALS, AND LODGING TO CONFERENCES AS A ALTERNATE TRUSTEE TO THE WELFARE PLAN</p> <p>12 b Amount \$1 671</p>

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name </p> <p>Trade Name if any </p> <p>P O Box Bldg Room No if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>	<p>14 a Nature of payment</p> <p></p>
<p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14 b Amount of payment </p>